



6-10-04

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021567 7590 03/09/2004

WELLS ST. JOHN P.S.
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SPOKANE, WA 99201

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Trinity Coxom	(Depositor's name)
<i>Trinity Coxom</i>	(Signature)
June 8, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/924,816	08/07/2001	Shane J. Trapp	M122-1673	2579

TITLE OF INVENTION: METHOD OF FORMING INTEGRATED CIRCUITRY, AND METHOD OF FORMING A CONTACT OPENING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, BINH X	1765	438-705000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wells St. John P.S.

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MICRON TECHNOLOGY, INC.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature)

(Date)

Mark S. Matkin
Mark S. Matkin, Reg. No. 32,268

6/8/04

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